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CONFIRMATION NO. 4581

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|--|---|-------------------------------|---|-------------------------------------|--------------------------------|
| <b>SERIAL NUMBER</b><br>10/714,958   | <b>FILING OR 371(c) DATE</b><br>11/18/2003<br><b>RULE</b>   | <b>CLASS</b><br>705           | <b>GROUP ART UNIT</b><br>3626   | <b>ATTORNEY DOCKET NO.</b><br>9/294 |                                |
| <b>APPLICANTS</b><br>Ralph C. Craft, New Milford, CT;<br><b>** CONTINUING DATA *****</b><br><b>** FOREIGN APPLICATIONS *****</b><br><b>IF REQUIRED, FOREIGN FILING LICENSE GRANTED</b><br><b>** 02/12/2004</b>   |   |                               |   |                                     |                                |
| Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no<br>35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after<br>met Allowance<br>Verified and Acknowledged <i>[Signature]</i> Examiner's Signature <i>[Initials]</i> |   | <b>STATE OR COUNTRY</b><br>CT | <b>SHEETS DRAWING</b><br>3  | <b>TOTAL CLAIMS</b><br>15           | <b>INDEPENDENT CLAIMS</b><br>2 |
| <b>ADDRESS</b><br>28509  |   |                               |   |                                     |                                |
| <b>TITLE</b><br>Clinical management system and methods   |   |                               |   |                                     |                                |
| <b>FILING FEE RECEIVED</b><br>770  | FEES: Authority has been given in Paper<br>No. _____ to charge/credit DEPOSIT ACCOUNT<br>No. _____ for following: |                               | <input type="checkbox"/> All Fees<br><input type="checkbox"/> 1.16 Fees ( Filing )<br><input type="checkbox"/> 1.17 Fees ( Processing Ext. of time )<br><input type="checkbox"/> 1.18 Fees ( Issue )<br><input type="checkbox"/> Other _____<br><input type="checkbox"/> Credit |                                     |                                |